

DEPARTMENT OF DEFENSE ACQUISITION PERSONNEL – CERTIFICATION		ACMP FORM 1 This form may be locally reproduced.	
PART A – WORKFORCE MEMBER (CANDIDATE) INFORMATION			
1. NAME (LAST, FIRST, MIDDLE INITIAL)		2. SOCIAL SECURITY NUMBER	
3. ORGANIZATION (COMPONENT/DIRECTORATE/DEPARTMENT/DIVISION/BRANCH, ETC.)		4. DATE SUBMITTED BY OR ON BEHALF OF MEMBER	
PART B – CAREER FIELD/POSITION CATEGORY AND LEVEL OF CERTIFICATION REQUESTED			
5. CAREER FIELD/POSITION CATEGORY		6. GRADE/RANK AND LEVEL (I, II, III)	
7. REQUEST CATEGORY <input type="checkbox"/> CERTIFICATION IN CAREER FIELD/POSITION CATEGORY AND LEVEL IN WHICH CURRENTLY ASSIGNED CURRENT ASSIGNMENT (TITLE, GRADE/RANK, SERIES/OCCUPATIONAL CODE): ASSIGNMENT EFFECTIVE DATE: <input type="checkbox"/> CERTIFICATION IN CAREER FIELD/POSITION CATEGORY AND/OR LEVEL NOT CURRENTLY ASSIGNED CURRENT ASSIGNMENT (TITLE, GRADE/RANK, SERIES/OCCUPATIONAL CODE): ASSIGNMENT EFFECTIVE DATE:			
PART C – CERTIFICATION ANALYSIS			
8. APPLICABLE MANDATORY STANDARDS (REFER TO DoDM 5000.52-M AND COMPONENT SUPPLEMENTS, IF ANY) <input type="checkbox"/> EXPERIENCE <input type="checkbox"/> EDUCATION OR TEST IN LIEU THEREOF <input type="checkbox"/> TRAINING OR TEST IN LIEU THEREOF			
9. CANDIDATE'S QUALIFICATION <input type="checkbox"/> CANDIDATE MEETS ALL MANDATORY STANDARDS <input type="checkbox"/> CANDIDATE LACKS QUALIFICATION IN <input type="checkbox"/> EXPERIENCE <input type="checkbox"/> EDUCATION <input type="checkbox"/> TRAINING			
10. BASIS FOR CERTIFICATION <input type="checkbox"/> CANDIDATE'S QUALIFICATIONS HAVE BEEN VERIFIED (ATTACH CONFIRMATORY DOCUMENTATION, SUCH AS DD FORM 2518, OR EQUIVALENCY TEST CERTIFICATION, AS APPLICABLE) <input type="checkbox"/> WAIVER OF STANDARD FOR <input type="checkbox"/> EXPERIENCE <input type="checkbox"/> EDUCATION <input type="checkbox"/> TRAINING			
11. RATIONALE FOR WAIVER, IF APPLICABLE (ATTACH ADDITIONAL DOCUMENTATION, AS WARRANTED)			
PART D – FUNCTIONAL MANGER'S RECOMMENDATION (IF APPLICABLE)			
12. <input type="checkbox"/> CONCUR <input type="checkbox"/> NON-CONCUR (ATTACH NEGATIVE RATIONALE)		13. NAME, (LAST, FIRST, MIDDLE INITIAL) Hostetler, Kristine S.	
14. ORGANIZATION		15. DATE	
PART E – CERTIFICATION DECISION			
16. CERTIFICATION IS <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		17. DATE	
18. NAME AND SIGNATURE OF OFFICIAL DELEGATED AUTHORITY TO CERTIFY AND/OR WAIVE STANDARDS			